

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	60607	10/5/99
O.I.P.E. CLASSIFIER		10/8	10/8/99
FORMALITY REVIEW	10.10.	68971	10/18/99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	3/2/99
2	3/2/99
3	3/2/99
4	3/2/99
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50	3/2/99

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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